aEE

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Dammons 03/11/15

PLAINTIFF: KIRBY SMART	COURT CASE NUMBER: 15 CV 1598
DEFENDANT: DHL EXPRESS USA	TYPE OF PROCESS: S/C

SERVE AT: NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: CT CORPORATION SYSTEM AGENT FOR DHL EXPRESS USA

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code): 208 S. LaSalle St. #814 Chicago IL 60604

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

KIRBY SMART
1021 Sierra Ct.
University Park IL 60484

Number of process to be served with this Form 285:

Number of parties to be served in this case:

Check for service on U.S.A.:

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

FILED
MAR 25 2015
MAR 25 2015
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

x [signature]

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER: (708) 955 4515

DATE: 2/20/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1/1	No. 24	No. 24	P1D	03/11/15

I hereby certify and return that I ☐ have personally served , ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above): Felicia Kuykendall SOP intake Specialist

☒ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date: 3/24/15 Time: 10:45 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy: C.L. Dammons

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
65.00	.575x2 = 1.15	—	66.15		

REMARKS:

1-Dusm / 1-hour / 2 miles

PRINT 5 COPIES:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

RCVD USMS MAR 6 '15 PM12:01

Form USM-285
Rev. 12/80